POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	is ( A		03/11/01	
O.I.P.E. CLASSIFIER		4/3	3/3/10/	
FORMALITY REVIEW	7-5	47.6	15/19.01	
RESPONSE FORMALITY REVIEW	/			

## **INDEX OF CLAIMS**

~	Rejected	N	Non-elected
=	Allowed	- 1	Interference
	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷ Restricted 0								
Claim	Date	Claim	Date	Claim	Date			
<b>= 3</b>								
Final Original	1	Final Original		Final				
	<del>                                     </del>	51		10	<del>,                                     </del>			
2 1		52		10				
3		53		10				
411		54		10				
5		55	<del>                                      </del>	T 10				
6		56		10	<del>+</del>			
7		57		10				
8 1		58		10				
90		59		100	9			
10)+		60		110	ol			
11 1		61		11				
12		62		111:	2			
13		63		111	3			
14		64		111	4			
15		65		111				
16		66		110				
17 +		67		111	7			
18 🗸		68		114	8			
19 1		69		119	9			
20		70		120	<del></del>			
21		71		12				
22		72		122	<del></del>			
23		73		12				
24		74		124	<del></del>			
25		75	<del>                                     </del>	125				
26		76		126	<del>                                     </del>			
27 🗸		77		127				
(28)+		78		128	<del></del>			
29 1		79		T 1 123	<del>,,                                   </del>			
30		80		130				
31		81		13	<del></del>			
32		82		132				
33		83		130				
34		84		134				
35		85		139				
(36)		86		136				
37		87		137	7			
38		88		138				
39		89		139				
40 /		90		140	<del>,                                    </del>			
41 42		91		14				
(42)	<del>                                     </del>	92		142				
43	<del> - - - - - </del>	93	<del>                                     </del>	143				
44	<del>                                      </del>	94	<del>-                                     </del>	144	<del></del>			
45	<del>                                      </del>	95	<del>- - - - - - - -</del>	145				
46		96	<del></del>	146				
47	<del>                                      </del>	97	<del></del>	147				
48 +	<del>                                      </del>	98	<del>                                      </del>	148				
49	<del>                                      </del>	99	<del>                                     </del>	149				
50	<del>                                      </del>	100	<del>                                     </del>	150				

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)